

Goal

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All youth have nurturing relationships with adults and positive relationships with peers.

A Shared Vision:

All Massachusetts youth grow up to be healthy, **caring** and economically self-sufficient adults.

RELATIONSHIPS WITH ADULTS

One of the most important protective factors for positive youth development is a stable, caring relationship with an adult (Bernard, 1991; Resnick et al., 1997, 2000; Rinehart, 2000). For most youth, this may be a parent or other relative. For others, a teacher or community-based mentor may fill this role.

- In 2001, more than three-quarters of Massachusetts high school students (76%) felt that they could talk to a parent or other adult in their family about things that are important to them. Asian students were least likely to report having a parent or other adult family member that they could talk to (63%, vs. 77% of white, 75% of Hispanic, 73% of black, and 69% of other students) (MYRBS, 2001).
- Students who felt they could talk to a parent or other adult in their family were significantly more likely than their peers to also report receiving good grades, having adult support in school, and participating in volunteer work (MYRBS, 2001).
- Sixty-five percent of students indicated that they feel that they could talk to a teacher or other adult at school if they had a problem (MYRBS, 2001).
- Half (50%) of all students reported that there was a non-family adult outside of school (e.g., religious leader, club advisor, or neighbor) that they could talk to about things they felt were important (MYRBS, 2001).

FAMILY LIVING ARRANGEMENTS

Even as adolescents become increasingly independent, the family setting remains a primary sphere in which they have ongoing, nurturing adult relationships. While there is a diversity of family structures in Massachusetts, most children and youth under age 18 live in households with their parents or other adults relatives (US Census, 2000).

- The vast majority of youth (99.5%) under age 18 live in households,¹ versus group quarters or homes (0.5%).
- Of the population under age 18 who reside in a household, 98.4% live with relatives..
- Of youth living with relatives, 72% live with two married parents, 23% live with a single parent, and 6% live with other relatives. Of those living with other relatives, 77.5% live with grandparents.

¹ See *Technical Notes* for definition of household.

- A small number of youth, primarily young women, are heads of household with a dependent child. In February 2002, there were 2,501 head-of-household youth, ages 14-19, receiving Transitional Aid for Needy Families. The majority of these (85%) were ages 18-19, but 370 were ages 14-17.
- A small but very high-risk group of youth and young adults are those who are runaways or homeless. (See *Goal 3: All youth have access to safe places for living and learning*)

ADDRESSING FAMILY ABUSE AND NEGLECT

For families in which parents or caretakers are maltreating children and youth, the Commonwealth intervenes for the protection of the child. The Massachusetts Department of Social Services (DSS), the state's child welfare and protection agency, becomes involved with a family if there is any concern that a parent, stepparent, guardian, or other responsible caretaker may be abusing or neglecting a child or youth. Abuse and maltreatment may include emotional, physical, sexual, or verbal abuse. A child or youth is neglected when the primary caretaker is unable to meet the youth's basic needs. DSS is legally responsible for children and youth up to age 18, and may serve young adults through age 22 who have been in its custody as minors.

DSS works first and foremost to keep families together. Approximately 75% of the time, agency staff work with families at home. In cases where children or youth are unable to safely remain with parents or caretakers, DSS provides temporary out-of-home care, with extended family whenever possible, until they can return. In cases where reunification with the family is not possible, DSS seeks to provide a child or youth with an alternate permanent situation such as adoption or guardianship.

- To assist parents in better caring for their children or youth, the Family Based Services Program provides in-home therapeutic and outreach services as well as treatment planning and coordination for the family. In 2002, about 3,000 families participated in Family Based Services Program.
- For those children or youth who are unable to remain at home because they have experienced, or are at risk for severe abuse or neglect, DSS provides temporary out-of-home care through foster care, or group residential care. These short-term measures are meant to provide interim guidance and support to families until the children or youth can safely be returned home. The majority of youth (75%) who come into DSS placement live in a community-based foster home, typically with a family in a private home. In 2002, there were 7,907 youth in foster care in Massachusetts. The largest age group in foster care is 12-17 years old.
- At times, it is clinically appropriate to place a child or youth in a group care setting. Youth are placed in the least restrictive level of care until they are able to return home safely. In 2002, there were 2,305 youth in group residential care.
- In 2002, there were 2,802 children or youth in DSS custody whose service plan goal is adoption. The racial/ethnic composition of this group of children and youth was: 50% white, 15% black, 2% Asian, <1% Native American, and 32% unspecified.; 28% were of Hispanic origin. Thirteen percent were youth ages 12-17.
- At times when neither reunification nor adoption is feasible, youth may pursue an independent living situation with the support of DSS.

- DSS clients reaching age 18 who want to pursue an educational or vocational goal, and who are willing to follow a service plan contract, are eligible to obtain voluntary DSS services up to age 22. In 2002, there were 900 young adults receiving DSS housing and support services through this option. (Massachusetts also assisted these young adults through a college tuition waiver program.) For clients reaching adulthood who do not choose to continue with voluntary services, DSS support services are available up to age 21 through the Adolescent Outreach Program.

Witnessing violence between adults in the home may be a risk factor for long-term physical and mental health problems, alcohol and substance abuse, academic failure and dropout, and future delinquency, violence and victimization.

- Domestic violence between adults in the home is a factor in 40-60% of all DSS cases (EOHHS, 2002).
- Each year in Massachusetts, an estimated 43,000 children and youth (or more than 115 children and youth per day) are exposed to reported acts of abuse and violence between family members (Adams, 1995).

MENTORING

"Mentoring is often defined as a sustained relationship between a young person and an adult in which the adult provides the young person with support, guidance, and assistance." – Jekielek et al., 2002

Mentoring programs have become increasingly popular approaches to increasing youth and young adult access to healthy and caring relationships with adults. Mentoring has been shown to provide youth with a positive connection to an adult, to reduce their risk-taking behavior and to be effective for at-risk youth (Jekielek et al., 2002). Structured mentoring programs can increase the number of quality relationships between caring adults and youth who are at risk of not meeting their full potential.

Massachusetts has numerous initiatives to increase the availability of mentoring relationships for youth.

- Approximately 9,200 Massachusetts youth ages 10-18 were involved in mentoring relationships in 2001 (Lento, 2002, unpublished data).
- The Massachusetts Service Alliance funds about 30 mentoring programs each year.
- The Massachusetts Mentoring Partnership advocates for expanded mentoring programs and provides training and technical assistance. From 1997 – 2001, the Partnership developed over 25,000 structured mentor/mentee relationships between adults and youth aged 7-18. By the end of 2001, 648 new mentor/mentoring relationships had been developed through Massachusetts Mentoring Partnership (Massachusetts Mentoring Partnership, 2001).
- Big Brothers Big Sisters of America (BBBSA) is the oldest and largest youth mentoring organization in the nation, linking youth ages 7-15 with adult volunteer mentors. The BBBSA model has been found to be effective at reducing risk behaviors such as substance abuse and school attendance (Tierney, et al., 2000). There are sixteen BBBSA affiliates in Massachusetts.

The largest affiliate, Big Brothers of Massachusetts Bay, supports more than 1000 active big brother-little brother relationships in 80 Massachusetts communities.

In addition to these broad-based programs, there are also programs that focus specifically on developing mentoring relationships for youth with special health needs and disabilities.

- The Department of Mental Retardation provides funding supports to the New England Chapter of Best Buddies, whose mission is to enhance the lives of individuals with mental retardation by providing opportunities for socialization and employment. Best Buddies matches high school and college student volunteers to individuals with mental retardation in one-to-one friendships. In 2002, there have been about 400 students from 20 colleges paired with an individual with mental retardation. There have been about 560 students from 38 high schools participating, paired with about 400 individuals with mental retardation.

RELATIONSHIPS WITH PEERS

Peers have a strong influence on the lives of youth (Bearman et al., 1999). This influence can be both positive and negative, and appears to be strongest with the immediate peer group.

DATING VIOLENCE

- In 2001, 16% of female and 6% of male high school students reported that they had been physically or sexually hurt by a date. For females, the percentage hurt by a date increased with age, from 12% in grade nine to 18% in grade twelve. For males, the percentage did not change substantially with grade level (MYRBS, 2001).
- Students who experienced dating violence also reported higher rates of risky behaviors. They were more likely than other youth to have attempted suicide in the past year (28.7% v. 7.2%), to have had sexual contact against their will (42.2% v. 5.7%), and to have ever used illegal drugs (80.2% v. 50.6%). Although data violence and risky behaviors are associated, the cross-sectional nature of the survey does not establish causality (MYRBS, 2001).

YOUTH WITH DISABILITIES

For youth with disabilities, social isolation from their peers can be common. In 1997, parents of Massachusetts youth with special health needs reported concerns about the lack of inclusive recreational opportunities that offer vital peer socialization. Parents were concerned that the youths' need to develop appropriate social abilities as part of a successful transition to adult life were not being addressed. The situation was reportedly even more acute in rural areas (Timmons et al., 1997).